**Opening of T.B. Sanatoria**

341. DR. D. VENKATESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether T.B. cases are on the increase in the country;

(b) if so, the fresh steps taken to control T.B.; and

(c) the new T.B. Sanatoria to be opened during this year and amount proposed to be spent in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) The trend of T.B. cases in the country reported under the Programme over last severs. years has been more or less static. However, under the Nation TB Control Programme the treatment completion rate was only about 40%. To achieve a cure rate of atleast 85%, a revised strategy, which was pilot tested in India, has been introduced and with World Bank assistance. The Government proposes to extend the revised strategy in 102 districts and strengthen 203 S.C.C. districts for adoption of the revised strategy in future. As the sanatoria approach is no longer required for treatment of T.B., the Govt, is encouraging domiciliary treatment under the national programme and therefore there is no proposal to open new T.B. sanatoria.

**Recognition of BDS degrees of universities**

342. SHRI SHIV CHARAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the reply given in Rajya Sabha to Unstarred Question No. 2524 dated 14th August, 1997 and state:

(a) whether the BDS degrees of Universities referred to therein have since been accorded recognition and notified; and

(b) if so. the details thereof and if not, reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE) (SHRI DALIT EZHILMALAI): (a) and (b) The BDS Degree offered by Universities are recognised and Notified. The Notification of the BDS Degree of Pune University in respect of (i) Bharati Vidyapeeth's Dental College, Pune, (ii) Pravara Rural Dentral College, Loni, and (iii) M.G. Vidhya Mandir's Dental College, Nasik has been issued on 22.4.1998.

2. As regards the Notification of Shivaji University in respect of Vasantadada Pati! Dental College, Sangli, the draft Notification was referred to Ministry of Law for vetting, who have advised that since some of the Students have filed WP No. 4657/97 in the Bombay High Court, the matter is sub-Judice, and hence no opinion can be expressed by them at this stage. The date from which recognition is to be accorded is under consideration. A copy of the order of the High Court is being obtained.

3. As regards the Notification of the BDS degree of Amravati University in respect of (i) V.Y.W.S. Dental College, Amravati, and (ii) Jamnalal Goenka Dental College, Akola, the matter is under consideration.

**Eradication of Leptospirosis in Gujarat**

343. SHRI AHMED PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Leptospirosis, a rodent borne disease is prevalent in some parts of Gujarat;

(b) if so, the details thereof district-wise; and

(c) measures undertaken by Central and the State Government to eradicate the disease from the State?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) Govt, of Gujarat and National Institute of Communicable Diseases have reported the total No. of cases of Leptospirosis in Valsad and Surat Districts were 448 and 209 respectively in 1997.

(c) Under National Disease Surveillance Programme of Central Govt. Surat, Mahsana and Banaskantha Districts have been selected in Gujarat, and Rs. 33.75 lakhs have been released for strengthening of Laboratory Facilities to check the incidence of these cases. The National Institute of Communicable Diseases is working

as a Nodal Agency in giving guidance for prevention and control of Leptospirosis. It also assists in Training Programmes for medical personnel at State and District levels.

The following steps have been taken by the State Government:-

1. Strengthening of surveillance activities for early detection of cases and prompt treatment to avoid serious forms and to reduce mortality.

2. Creation of treatment facilities at the local level Hospitals for proper case management.

3. Training Workshop for all medical persons, particularly Medical Officers and Superintendents of Hospitals, Professors of Medical Colleges of Vadodara and Surat alongwith District Agriculture Officers and Veterinary Officers was arranged.

4. Ten days training of Paediatricians Physicians and Suptdts. of Hospitals was executed at Kidney Institute, Ahmedabad for treatment of cases at District and sub-district level hospitals.

5. State level inter-sectoral coordination meeting was held, and action plans for State and Districts wore prepared for prevention and control of Leptospirosis.

6. State Government have also carried out house to house Survey, in two Districts during the epidemic season.

7. Rodent control activities have also been initiated as per the State Government's action plan.

8. Dissemination of Health Education Material has been undertaken, and Health Camps have been organised.

**Decentralisation of Health Care Services for Pensioners under CGHS**

344. SHRI O.P. KOHLI: Will the Minister of HEALTH AND. FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Government had issued an order on 18th September, 1996 announcing the decentralisation of health care services for pensioners covered under CGHS enabling them to receive medical care near home, rather than at a handful of designated hospitals and dispensaries;

(b) whether Government subsequently cancelled that order;

(c) if so, the reasons for withdrawing the Order; and

(d) the steps taken to permit the pensioners to take treatment from hospitals and dispensaries of their choice and footing the bills by the Government?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE(SHRIDALITEZHILMALAI). (a) Yes, Sir.

(b) No, Sir..

(c) The question does not arise.

(d) The CGHS Pensioners, after the initial advice obtained from a CGHS/Government Specialist, a "permission letter" for treatment is issued by the CMO Incharge of the concerned CGHS Dispensary. In case of medical emergency, the CMO Incharge if the concerned CGHS Dispensary may directly *(i.e.* even before Specialist's advice has been obtained) refer the CGHS Pensioners to a private recognised Hospital for further management/treatment after recording the details thereof in writing. The reimbursement procedure has also been streamlined in the CGHS Directorate.

**Quality control on Mineral Water**

345. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any mandatory Government control in any form on the quality of mineral water sold in the market;

(b) whether Government are aware mat many brand of spurious mineral water have entered the market ail over the country; and

(c) whether any steps are proposed to be taken to protect the people from this new health hazard and fraud?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Standards of Mineral Water have been laid down under the provisions of the Prevention of Food Adulteration Act (PFA Act), 1954 and